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CONFIRMATION NO. 6234

<b>SERIAL NUMBER</b> 10/799,337	<b>FILING OR 371(c) DATE</b> 03/12/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> PMEDEX.17CP1C
<b>APPLICANTS</b> Dean S. Irwin, Del Mar, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/090,096 02/27/2002 ABN which claims benefit of 60/272,277 02/28/2001 This application 10/799,337 is a CIP of 09/694,086 10/20/2000 ABN <i>OK</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> # 6
				<b>INDEPENDENT CLAIMS</b> # 1
<b>ADDRESS</b> 20995				
<b>TITLE</b> Treatment of skin disorders with UV light and cooling				
<b>FILING FEE RECEIVED</b> 875	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	